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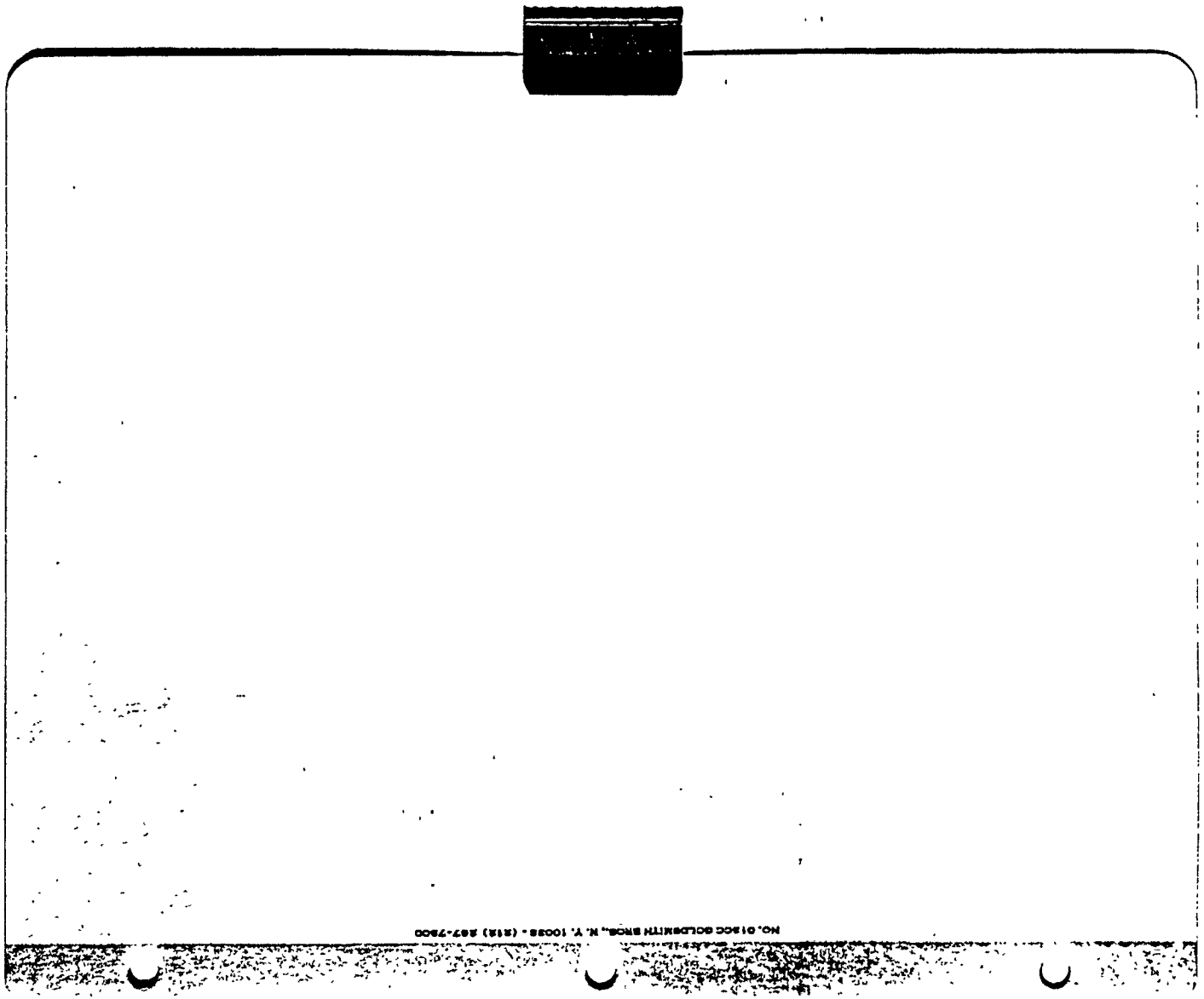

Source: https://www.industrydocuments.ucsf.edu/docs/fznl0000

NATIONAL TUBERCULOSIS AND RESPIRATORY DISEASE ASSOCIATION

1740 Broadway
New York, N.Y. 10019

History & Structure

The NTRDA was organized in 1904 as the National Association for the Study and Prevention of Tuberculosis. In 1918 it was incorporated in the State of Maine under the name National Tuberculosis Association. The present name was adopted in February 1968.

The NTRDA is the first national voluntary health agency organized to fight a specific disease in the U.S.

It now consists of 57 constituent associations in the 50 states, plus five urban areas and Puerto Rico and Guam. The National association has contracts with each constituent. The constituents in turn issue contracts to 1,358 affiliated local associations. Each local affiliate conducts its own fund raising activities (Christmas Seal campaign) and uses most of the money contributed for its own programs. The state and national associations are supported by the percentage of the campaign funds that the locals remit.

The National Association board of directors consists of 110 members - 57 representatives from the constituents and 50 directors at large and three officers not otherwise on the board.

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The medical arm of the NTRDA is the American Thoracic Society (ATS) consisting of about 5000 physicians and scientists. A.T.S. members sit on the NTRDA Board Committees and have their own as well. A.T.S. is "especially concerned with the education of physicians in pulmonary disease." It has its own official journal on chest diseases, The American Review of Respiratory Disease.

The professional staff personnel of the various TB-RD associations belong to The National Respiratory Disease Conference (NRDC) consisting of about 1000 members. Its purpose is the "thoughtful planning and successful carrying out of its (NTRDA's) programs."

Each of these separate arms have their own staffs and resultant overhead.

Over the past four years, the NTRDA has indicated (each year) that it is studying its organizational structure and is developing plans to revise it. To quote John Gompertz, M.D. - President of the NTRDA, in his 1969 Annual Report:

> "This organizational framework has its weaknesses. At times, a constituent or affiliate will act or fail to act from less than perfect motives. And, as this report will illustrate, "suggesting" takes longer than "commanding"."

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The board is expected to act upon a report later this year (1970) initiated by the Committee to Evaluate the NTRDA set up in 1966. It has spent a total of $1.2 million since 1966 in evaluating its organizational structure.

Purpose

In summarizing its purpose the NTRDA recently stated:

> "The primary purpose is to advance the scientific treatment, prevention and eventual eradication of tuberculosis and to advance the scientific treatment, prevention and control of other respiratory diseases. In support thereof, it is the policy to advance adequate school health programs, adequate official health departments and the public health through general health education."

While the NTRDA has broadened its purpose and changed its name recently, it reported in 1969 that "tuberculosis continues to be the major concern of its affiliates."

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As evidence of the National Association's intent to enlarge the scope of the NTRDA, the board of directors approved in February, 1966 the idea of a large scale pollution program and formation of a "commission for the Control of Community Air Pollution." In October, 1966 this organization officially became the National Air Conservation Commission (NACC). The NACC was set up to be the national spokesman for the NTRDA in the matters of air pollution and conservation.

Fund Raising

The principle fund raising activity of the NTRDA and its affiliates is its annual "Christmas Seal" campaign. The campaign is carried on by constituents and affiliated local associations, primarily through a mailing each year of to 40,000,000 people. Solicitation letters are prepared locally while the Chirstmas Seals and other supplies are provided by the national headquarters.

Of the total funds raised, 93% is retained locally and 7% is remitted to the national headquarters.

The costs of this type of fund drive is much higher than that of the A.C.S. or A.H.A. For every dollar contributed to the Chirstmas Seal campaign it costs almost $.26 for fund raising expenses. The following table lists the sources of income for the NTRDA from 1965-1968.

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NTRDA - Combined National & Affiliates

Support & Revenues	1965	1966	1967	1968
Christmas Seal Campaign	$28,784	$29,722	$30,777	$31,796
Bequests, Gifts, Memorials			1,373	1,208
Grants, Dues, etc.	3,970	5,034	873	1,117
Investment Income			2,126	2,129
Service Fees			1,097	1,145
Total Income	$32,754	$34,756	$36,247	$37,395

Income as %	1965	1966	1967	1968
Christmas Seal Campaign	88%	86%	85%	85%
Bequests, Gifts, Memorials			4	3
Grants, Dues, etc.	12	14	2	3
Investment Income			6	6
Service Fees			3	3
Total Income	100%	100%	100%	100%

The Christmas Seal Campaign is obviously the main source of funds for the NTRDA, and it has been since 1907. This method of fund raising is expensive as we have seen and constitutes one of the major expenditures for the NTRDA.

As a percentage of total expenditures in 1968, fund raising costs were the second highest representing 24% of the total. With a mailing of about 40 million, the approximate return is $.75 per mailing against a cost of about $.21 per mailing.

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NTRDA (Combined)	Fiscal Year Ending March 31				
Expenditures (000's)	1965	1966	1967	1968	
Research	$ 1,277	$ 1,425	$ 1,640	$ 1,626	
Public Education	4,378	4,551	4,667	6,478	(a)
Professional Education	1,774	1,871	2,141	2,301	
Patient Services	1,055	1,077	1,091	1,095	
Community Services	8,853	9,632	10,079	10,398	
Total Program Services	$17,340	$19,557	$19,618	$21,900	
Fund Raising	7,596	7,659	8,095	8,496	
Management & General	5,641	5,880	6,151	4,868	(a)
Total Supporting Services	$13,235	$13,539	$14,246	$13,364	
Total Expenditures	$30,575	$32,096	$33,864	$35,264	
Excess Income over Expend.	$ 2,179	$ 2,660	$ 2,382	$ 2,132	*

* $1,194 of this amount was spent on property and equipment - not a normal operating expenditure.

(a) a reclassification in the 1968 accounting probably overstated the public information expenditure and understated the G&A expense in that year.

Expenditures as %	1965	1966	1967	1968
Research	4%	4%	5%	5%
Public Education	14	14	14	18
Professional Education	6	6	6	6
Patient Services	3	3	3	3
Community Services	29	30	30	30
Total Program Services	56%	57%	58%	62%
Fund Raising	25	24	25	24
Management & General	19	19	18	14
Total Supporting Services	44%	43%	42%	38%
Total Expenditures	100%	100%	100%	100%
Excess Income over Expend.	(7%)	(8%)	(7%)	(6%)

Contrasted to the A.C.S. and the A.H.A. , the NTRDA spends much less for research and professional education and much more on fund raising and management expense and community services.

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Expenditure Breakdown

	NTRDA (1968)	ACS (1969)	AHA (1969)
Research	5.0%	35.0%	34.0%
Public Education	18.0	17.0	12.0
Professional Education	6.0	10.0	12.8
Patient Services	3.0	12.0	--
Community Services	30.0	6.0	12.1
Program Services	62.0%	80.0%	70.9%
Fund Raising	24.0	11.0	15.5%
Management & General	14.0	9.0	13.6
Supporting Services	38.0%	20.0%	29.1%
Total Expenditures	100.0%	100.0%	100.0%

The major expenditure of the NTRDA - Community Services - includes the following activities under this classification: "Support and direction of programs for case detection, supervision, treatment, and rehabilitation; co-operation with other agencies on health planning and on strengthening of official health services."

Since 93% of all money is expended by local affiliates, it is extremely difficult to pin-point exactly on what projects within the community these funds were spent. It is also obvious that the National Office has very little control over the affiliates spending except through guidelines based on a percentage for each spending category.

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Research

Tuberculosis is declining rapidly as a cause of death in the United States. From a total of 34,000 deaths in 1950 from TB, the number has steadily declined to about 6,600 in 1967 despite

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an overall increase in the population. TB now ranks 18th among the list of recorded causes of death.

The incidences of TB has also declined. In 1952 about 86,000 new cases were reported. In 1967 this declined to 48,400 or about 24.2 cases per 100,000 population.

A comparison with the diseases of cancer and of the heart, and the diseases of concern to the NTRDA reflect the following:

Disease	Death Rate per 100,000	Guess Estimate Total Cases
Heart	511.0	14,600,000
Cancer	159.6	900,000
Emphysema	12.2	NA
Tuberculosis	3.3	100,000

The NTRDA spent 5% of its total expenditures on Research in 1968 or $1,626,169 ($406,348 of this was spent by the National office).

The 1969 Annual Report lists 30 specific grants for Research to a variety of scientists throughout the country.

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Lobbying Activities

The NTRDA has been an active participant in a variety of legislative areas ranging from cigarette advertising,on a national basis, to local air polition laws.

The National Air Conservation Commission of the NTRDA indicated in the 1967 Annual Report the following goals:

- To represent the public interest at conferences, forums, and legislative hearings,
- to urge nationwide action and stress the need for personal, corporate, and government envolvement,
- to support effective legislation and enforcement.

Furthermore, Dr. Sterner, a member of the NTRDA board of directors,read a prepared statement before the Subcommittee on Air & Water Pollution of the U.S. Senate in 1967 setting forth the "NACC's endorsement to specific features of the air pollution control bill."

In regard to cigarette legislation, the NTRDA filed "a friend of court" brief in the case of the FCC "fairness-doctrine" dispute with the broadcasters.

In April 1969, Dr. John Gompertz, President of the NTRDA and

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Dr. Robert Browning, a member of the board of directors, testified before the House Committee on Interstate and Foreign Commerce concerning "cigarette labeling and advertising." At that time Dr. Gompertz stated:

> "Early this year, the National Tuberculosis and Respiratory Disease Association supported the ban proposed by the Federal Communications Committee on cigarette advertising on the airwaves. It wishes now to record its support for legislation or for any other action necessary to achieve implementation of such a ban when the current legal prohibition on such action expires on July 1, 1969."

The NTRDA issued a similar statement encouraging legislation to ban cigarette promotion in 1965.

The major lobbying activities of the NTRDA has been toward air pollution legislation. The following quotes from various NTRDA Annual Reports indicates the degree of lobbying activity by the NACC part of the NTRDA:

1967 - "NTRDA prepared expert testimony to be submitted in Congressional hearings on the new Air Pollution Control Bill, the TB Task Force appropriations,recommendations and further control measures affecting cigarettes."

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1968 - "Other ways in which the NACC made itself felt was through the activities of its individual members, who met and talked with various groups across the country (including Committees of Congress)."

"All associations that had or could make the opportunity took part in the discussions and planning of legislation - national, state, and local - and in the determined advocacy of adequate laws before the legislative bodies considering them."

1969 - "And the New York State assocation made a full-scale entrance into air conservation programming:... This state assocation was to...play a significant part in writing the State's air pollution control legislation."

"Where does air conservation programming stand today? So far, according to reports from the associations themselves:

"86 have been actively working for the creation and passage of necessary legislation, either local or state; 43 have been successful so far."

Perhaps the best summary of the lobbying activities of the NTRDA is seen in the "Foreward" of their recent booklet entitled Air Pollution Primer:

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"For over sixty years the volunteers and staff of what is now the National Tuberculosis and Respiratory Disease Association have ... gone not only into schools and meeting halls to bring their message, but into the streets to find the sick, into hospitals and training institutions to support better medical care, and into the halls of government to induce the passage of needed laws."

With such extensive lobbying activities as part of its stated purpose, it is apparent that the NTRDA has consistently violated part of the I.R.S. tax law governing the tax deductibility of "charitable contributions." This law requires the organization have: "no substantial part of its activities which is carrying on propaganda or otherwise attempting to influence legislation."

Both the ASPCA and the Sierra Club received I.R.S. rulings removing the "tax deductible" status of their donations for their lobbying activities.

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Staff

The board of directors of the NTRDA consists of 110 members which met twice is fiscal 1969. The executive committee consisting of 13 members met once.

The following staff head the NTRDA:

John L. Gompertz, M.D. - President

Judge Ernest E. Mason, President-Elect

James E. Perkins, M.D., Managing Director

Robert J. Anderson, M.D., Medical Director (ATC)

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NATIONAL TUBERCULOSIS AND RESPIRATORY DISEASE ASSOCIATION

John L. Gompertz, M.D. - President

Born: REDACTED
AB University of California at Berkeley 1925
MD Jefferson Medical College 1936

Intern, then resident Highland General Hospital, Oakdale, California 1936-38; private practice internal medicine Oakdale 1938 to present; consultant: VA Hospital, Livermore, Calif. 1946-50; Parks Air Force Hospital, 1951-55; Univ. California at Berkeley 1940 to present. President: Alameda County TB Association, 1950; TB and Health Assn. of California 1957; Cal. Thoracic Society 1967; NTRDA 1968-69. Served to major MC 1942-46. Diplomate: American Board of Internal Medicine. Fellow: AMA., ACP, American College Chest Physicians, California Adademy of Medicine, Society Cal. Pioneers, Cal. Hist. Society, Medical Friends of Wine (bd. govs. 1968). Mason. Clubs: Claremont Country (Oakland), Commonwealth (San Francisco). Home: Oreda, Calif. Office:Oakdale, Calf.

Robert J. Anderson, M.D. - Medical Director (ATC)

Born: REDACTED
AB Carleton College 1935
MB & MD University of Minn. 1939
MS in Public Health, Columbia 1943

Began career as health officer with Texas County, Missouri 1941; Newton County, Missouri 1942; tuberculosis control office, San Antonio Health Department 1944-45; chief of bureau of TB, California State Department of Public Health 1946; asst. chief div. of tuberculosis USPHS 1947-48, chief 1948-51, chief chronic disease and TB 1951-54, asst. chief special health service, Washington 1954-56. Chief, Communicable Disease Center, Atlanta 1956-60; deputy Chief Bureau State Services, 1960-62; chief 1962-66; ret: commd officer regular Corps. USPHS, promoted asst. surgeon general 1954; diplomate: American Board of Preventive Medicine & Public Health. Member: Amer. Coll. Chest Physicians, AMA, Amer. Public Health Asso. Assn. Military Surgeons, Amer. College Preventive Medicine. Home: Arlington, Va. Office: American Thoracic Society.

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